North Carolina's Family Resource Center (FRC) Qualitative Study Summary
Report for FY 2006-2007
June, 2007

Prepared for North Carolina's Division of Social Services
by Appalachian State University
Community-Based Programs Evaluation Team

**North Carolina's Family Resource Center (FRC) Qualitative Study Summary
Report
June, 2007**

Executive Summary

Background

Since 2000, the North Carolina Department of Health and Human Services (NC DHHS)
has contracted with Appalachian State University (ASU) to evaluate the North Carolina
Family Resource Center (FRC) Program, produce the Annual Report, and to manage the
database for the Program. The Family Resource Center/Evidence-based Workgroup was
created in 2006 to summarize the strengths and barriers facing family resource centers
nationally, and to make recommendations for improvements regarding NC's FRC
Program to NC's Division of Social Services within the NC DHHS. Division staff
requested the ASU Evaluation Team to conduct a qualitative study of state-funded FRCs
during SFY 2006-2007, in addition to ongoing evaluation efforts for the FRC Program.

Study Design

The ASU Evaluation Team conducted structured interviews during in-person site visits to
ten local FRCs located throughout the state. The team selected FRCs through creating an
index based on "Individualized Activities" and "Summarized Activities." The FRC with
the highest index score per region was chosen for an in-person visit.

The interviews were designed around the four legislative goals for NC's FRCs: 1)
Enhance the children's development and ability to attain academic success; 2)
**Ensure a successful transition from early childhood education programs and
childcare to the public schools**; 3) **Assist families in achieving economic
independence and self-sufficiency**; and 4) **Mobilize public and private community
resources to help children and families in need**. In addition, questions also focused on
preventing child abuse and neglect, and the quality of the **relationship between the
local FRC and the local Department of Social Services (DSS)**.

At each site, interviews included an FRC staff member or director, a family participant,
and a staff member from an agency that collaborated with the FRC. An online survey
was also made available to all of the FRCs statewide, to allow interested staff at all FRCs
to participate.

Summary

Across the three categories of respondents, person-related themes emerged as the most
common strengths believed to contribute to FRCs fulfilling the legislative goals. These
themes included: **Staff Commitment (S/C); Relationship of Staff to Participants
(R/P); Training and Education of Staff (T/E); Staff Members' Relationship with the
Community (R/C); Participants' Commitment (P/C); and Staff Members'
Relationship with Participants (R/P).**

Respondents delineated "concrete" tangible factors as recurring barriers related to the legislative goals. These factors included: problems with the **location** for FRC services **(L)**; limited, inadequate, or unstable **funding** for FRC services **(F)**; lack of **transportation** for clients **(T)**; lack of a specific **program/service (P/S);** limited or inadequate **space (S)**; **limited staff (L/S)**; a lack of **flexible funding (F/F)**; and high **unemployment (U)** in the region.

Similarly, tangible and concrete suggestions emerged that could help the FRC to achieve or improve its goals. Providing continued, stable **funding (F)** was the most often-cited factor that could alleviate barriers related to all of the goals. Providing **transportation (T)**, increasing FRC **staff (L/S),** providing adequate **space (S),** and providing an adequate **location (L)** for FRC services also emerged as factors that could support the goals of FRCs and as tangible solutions that could alleviate barriers.

Conclusion/Recommendations

Although a major limitation of this qualitative study is that the information is not representative of all FRCs in North Carolina, nor of all people affiliated with FRCs, it does highlight the experiences and perceptions of those most closely linked with FRCs: FRC staff, staff from other community agencies who collaborate with FRCs, and family members who participate in FRC services.

Intangible (or person-related) factors were indicated as strengths that appear to relate to a strengths-focus, grassroots-based, community-oriented nature and history for FRCs in North Carolina. Reported barriers tended to emerge as more tangible factors (such as increasing funding for FRC services and for staff, increasing options for transportation for participants, etc.). This seems "on-target," given the rural location of the majority of NC FRCs and the lack of many resources within communities that are served by FRCs.

However, concerns about funding appeared to go beyond desires to simply increase spending on FRC services. At the time the site visits were being conducted, FRCs received the Request for Funding Announcement (RFA) from the state DSS for the 2007-2008 fiscal year. Several respondents mentioned changes in the announcements that focused on adopting new goals, using promising practices or evidence-based practice models for certain FRC services, and eliminating funding for some types of FRC services. The concerns expressed appeared to relate to potential risks to current funding and to the need for support in implementing the changes. One recommendation to emerge is to conduct a representative survey of all state-funded FRCs to determine if these concerns are shared more broadly with other FRCs. If these concerns are more universal, directing funding to implement the changes and providing technical assistance regarding how to implement changes and new practices would be useful.

In sum, according to all respondents surveyed, the FRCs have provided valuable and needed services to their communities, and the services delivered have been considered very good. Finally, the respondents perceived that all of the legislative goals of NC's

FRC program, the goal of preventing child abuse and neglect, and questions about relationships between local DSS and FRCs have been well addressed by their respective FRCs.

Background

The North Carolina Department of Health and Human Services (NC DHHS) has worked for over 10 years with university partners to submit an Annual Report of North Carolina's Family Resource Center (FRC) Program to the NC General Assembly. Since 2000, the NC DHHS has contracted with Appalachian State University to evaluate the NC FRC Program, produce the Annual Report, and to manage the database for the Program.

In 2005, the state of North Carolina undertook a major effort to evaluate all family prevention-oriented programs offered by the state, including services provided by state-funded family resource centers. Over a two year period, this effort resulted in a number of recommendations for streamlining funding and services, using evidence-based and promising practices for service provision, and enhancing overall evaluation efforts. From this initial effort, the NC Child Abuse Prevention Task Force was created in 2006 to summarize the strengths and barriers facing state-funded family resource centers and to make recommendations for improvements to NC's Division of Social Services within the NC Department of Health and Human Services.

In light of these various change efforts; Division staff believed that it would be valuable to conduct an in-depth study of local family resource centers to determine how they accomplish current legislative goals through their services. Division staff requested the Appalachian State University Evaluation Team to conduct a qualitative study of family resource centers during SFY 2006-2007, in addition to ongoing evaluation efforts for the FRC Program.

Study Design

To conduct the qualitative study, the Appalachian study team proposed a multi-method approach. The team recommended conducting in-person site visits to ten local family resource centers (FRCs) located throughout the state. Structured interviews would include an FRC staff member or director, a family participant, and a staff member from an agency that collaborated with the FRC. In addition, the team recommended seeking feedback through an online survey sent to all of the FRCs. The online survey would use the same format as the structured interviews, and would allow interested staff at all FRCs to participate across the state.

Although qualitative studies are not representative by nature, it was important to the Evaluation Team to seek different perspectives from FRCs from the various regions of the state. Thus, the team determined a method for selecting one FRC from each of the ten NC DSS regions for the in-person site visits. First, all of the FRCs were categorized by region and then given an index score determined by the total number of "Individualized Activities" recorded in the NC Community Programs Database, plus half

of the "Summarized Activities" reported by each FRC in the database. The resulting index scores gave greater priority to FRCs that focused on "Individualized Activities" versus "Summarized Activities." The FRC with the highest index score per region was chosen for an in-person visit. The following FRCs participated in the site visits:

1) **Cherokee FRC (Cherokee County);**
2) **Highland FRC (Gaston County);**
3) **Alleghany Partnership for Children (Alleghany County);**
4) **Winston-Salem State University (Forsyth County);**
5) **Franklin-Vance-Warren Opportunity, Inc. (Vance County);**
6) **The FRC of Raleigh, Inc. (Wake County);**
7) **Communities and Schools of Brunswick County (Brunswick County);**
8) **Community Enrichment Org. (CEO) (Edgecombe County);**
9) **Bertie County FRC (Bertie County); and**
10) **Ocracoke Island FRC (Hyde County)**

Following the site visits, an online survey that included the same questions as the structured interview guides was provided to all FRCs so that their staff members and staff members from collaborating agencies who worked with their FRCs had the opportunity to participate in the study.

Once the NC DSS staff approved the site selection process and FRC sites for in-person visits, the Appalachian Evaluation Team developed structured interview guides and informed consent forms for FRC staff directors and line staff, family participants, and staff members from collaborating agencies. Although the interview guides developed for use with an FRC staff member, a staff member from a collaborating agency, and a family participant varied slightly in format, all were designed around the four legislative goals for NC's FRCs: 1) **Enhance the children's development and ability to attain academic success**; 2) **Ensure a successful transition from early childhood education programs and childcare to the public schools**; 3) **Assist families in achieving economic independence and self-sufficiency**; and 4) **Mobilize public and private community resources to help children and families in need**. In addition, questions also focused on **preventing child abuse and neglect**, and the quality of the **relationship between the local FRC and the local Department of Social Services (DSS)**.

FRC staff respondents and collaborating agency staff respondents were asked to provide a Likert-scaled response (1=**poor**, 2=**fair**, 3=**good**, 4=**very good**, 5=**excellent**) regarding how well they believed the local FRC responded to each of these goals, and which FRC services they perceived addressed these goals. Then, staff and collaborative staff respondents were asked questions about strengths, barriers, and options for improvements related to each of the goals. The family participant guide varied slightly. Family respondents were asked about the FRC services that they participated in, how well these services worked for them, which legislative goals they believed these services addressed, and specific strengths, barriers, and improvements that they perceived were related to these services. Copies of the interview guides are included in Appendix A.

A field test using the structured interview guides and informed consent forms was conducted at Old Fort FRC in December, 2006. Revised interview guides and informed consents, and the study design were submitted to Appalachian's Institutional Review Board (IRB) for approval. Approval was secured in January, 2007, from Appalachian's IRB. In-person site visits were conducted to the designated FRCs during February and March, 2007. A director or staff member, a family participant, and a staff member from an agency who collaborates with the FRC were interviewed at each of the sites. Online surveys mirroring the structured interview guides were provided to all FRCs in May, 2007. Analyses of data from the in-person interviews and online surveys were conducted during May/June, and the summary report was prepared in June, 2007. Findings from the interviews and surveys are provided. In addition, a summary and recommendations based on the summary also are presented. An abbreviated summary also will be included in the forthcoming FRC Annual Report for FY 2006-2007.

Findings

Following conclusion of the site visits, a content analysis of data from the interviews and completed surveys was conducted. According to Miles and Huberman (1994, cited in Berg, 2007), one of the major approaches for analyzing qualitative data is known as an interpretive approach. This approach "allows researchers to treat social action and human activity as text. In other words, human action can be seen as a collection of symbols expressing layers of meaning. Interviews and observational data, then, can be transcribed into written text for analysis" (p. 304). This particular approach was utilized. Interviews were transcribed and analyzed for meaning as well as for common and unique themes. Codes were developed inductively to represent emerging themes by two members of the research team as they evaluated the transcribed interviews. The interviews were then coded for these themes, and themes which appeared unique also were identified. Finally, the analyses were aggregated, and the summarized findings from these analyses are included. In addition, selected quotes are provided to illustrate themes.

Line Staff/Supervisor/Administrator
Each of the FRCs visited selected a staff member or administrator to be interviewed. A total of eleven (n=11) interviews were completed. Two online surveys were completed by other FRCs. Comments from these surveys also are included.

Roles of FRC staff members who participated in the on-site interviews included directors, site coordinators, program managers, and a support group leader. On average, staff respondents interviewed had worked with their FRCs for a total of 6.8 years (n=11), with a range of 4 months to 13 years. In addition, a number of the respondents had been with their respective FRCs since their inception. The range of services reported by FRC staff members included those with a child focus:

1) **early childhood development programs** (3 identified);
2) **academics-focused after school programs** (6 identified);
3) **out of school suspension program**;

4) **summer youth programs (**2 identified);
5) **youth mentoring program**;
6) **teen-decision-making programs** (2 identified);
7) **child care programs**; and
8) **specialized respite services** (2 identified).

Also identified were services with a parent education and support focus:

1) **parent education/parent support programs** (12 identified);
2) **a Latina women's support group**;
3) **a male (father) focus group**;
4) **mandated supervised child visitation**;
5) **a home visitation/case management program**;
6) **a foster care family recruitment program**; and
7) **healthy marriage programs** (2 identified).

Services which focused on education and self-sufficiency included:

1) **adult education programs** (6 identified);
2**) life skills training program**;
3) **career exploration/job development programs** (5 identified); and
4) **a volunteer income tax program**.

Finally, other general services reported by respondents included:

1**) a community development program**;
2**) crisis intervention services** (4 identified);
3**) an HIV support group**; and
4**) information and referral** (3 identified).

As family resource centers move towards the use of evidence-based models for the
provision of services and "promising practices," respondents identified a number of
models and curricula currently used for service provision during their interviews. For
example, the *WINGS Program* was identified as a model for one of the early childhood
development programs, and *Support Our Students (SOS)* was identified as the model used
for one of the after-school programs. A number of models and curricula were identified
for parent education/support including *Parents as Teachers, Nurturing Parents, Circle of
Parents, Parents and Children Together (PACT), Active Parenting & Systemic Training
for Parenting (STEP), and Caroline Webster Stratham's curriculum.*   Specific adult
education courses included *English as a second language*, a *high school diploma* course,
and a number of *GED courses*.

Legislative Goal 1
After discussing FRC services, staff members rated their perception of how well their
FRC responded to the first legislative goal for the NC FRC Program, "**enhance the
children's development and ability to attain academic success**." Interview respondents

provided an average score of 4.5 out of a possible score of 5.0 (n=11). Child development, specialized child care, after-school and out of school suspension were some of the common FRC programs associated with this goal. In addition, some respondents mentioned GED courses specifically targeted at youth who had dropped out of high school or were emancipated, and a few respondents discussed parent education curricula that included activities for parents to help increase the academic success of their children or grandchildren.

Common strengths identified most often related to staff-related themes. The most common strength reported by FRC staff members that contributed to achievement of this legislative goal was **Staff Commitment (S/C).** One respondent stated, "the people who work with this program. They're determined that the students will have some good outcomes." Another respondent reported, "the strength of our agency is that people feel welcome here…non-judgmental [staff]." Interestingly, one respondent noted how staff turnover related to staff commitment: "staff turnover is sometimes the best thing that can happen. All new staff, all motivated, all on the same page." Positive **Relationships to Participants (R/P)** of the staff, specialized **Training/Education (T/E)** of the staff, and **Relationship to the Community (R/C)** of the FRC staff were other staff-related themes reported to a lesser degree as strengths. In addition, specific **Programs/Services (P/S)** offered by the FRC and **Participant Commitment (P/C)** were two other themes identified by a few respondents. Finally, individual respondents reported **Flexible Funding (F/F)** and the provision of **Transportation (T)** as other strengths that contributed to achievement of this goal.

Staff identified a number of common barriers that hindered achievement of the legislative goal of **enhancing the children's development and ability to attain academic success**. They often cited concrete factors as themes. **Location (L)** of services was identified as a common barrier. As one respondent noted, "the area is not a great area, and so a lot of people are averse to coming over here." **Funding (F)** also was a commonly reported barrier, although a number of respondents noted specific issues related to funding. One respondent reported a situation from their FRC, "one time we had money to do…one-on one tutoring and we ran out of money and so the program halted. We had people very excited about the program, and when the program ran out of funding, it hurt our credibility in the community." The third most commonly reported barrier was **Transportation (T).** As one respondent noted, "transportation will always be at the top of the list because we do not have mass transportation…and we do have high numbers of participants." Individual respondents identified tangible resources, including **Programs/Services (P/S)**, **Space (S)**, and **Limited Staffing (L/S)** as barriers. **Staff Commitment (S/C-available and willing volunteers)** and **Relationship to the Community (R/C)** also were identified by individual respondents as barriers that hindered achievement of this goal.

Funding (F) was most commonly reported as a resource for addressing barriers related to this goal. One respondent specified the need for "funding to purchase a van" that could address the issue of **Transportation (T)**, while another respondent reported the need for "having more staff" **(Limited Staff (L/S)** to address needs. One respondent stated that

building community coalitions **(Relationship to the Community-R/C)** also might offset needs. She responded, "church members can take some of the burden off of us to take the girls to a doctor's appointment, or pick up their homework from school if they're absent, because these are the challenges that those mothers are facing because they don't have vehicles **(Transportation-T)** to get around." Other areas that individual respondents reported could address barriers included **Staff Commitment (S/C)** to ensure proper accountability towards achievement of program goals and a permanent **Space (S)** for provision of key services.

Legislative Goal 2
FRC staff reported similar service offerings related to the second legislative goal for NC's FRC program: "**To ensure a successful transition from early childhood education programs and childcare to the public schools**." Some FRCs provided the Parents as Teachers program, a child development program that involves parents, while one FRC reported the provision of the WINGS Program, an early childhood development program. Other FRCs reported child care programs and a pre-school program. In addition, a number of staff explained that other agencies within the community provided services that met this goal, including Head Start programs and quality day care programs, and FRC staff referred families to these programs. Of the staff responding (n=9), they rated their FRCs an average of 3.6 out of 5.

Themes related to staff again emerged as key strengths. Staff members' **relationship to the Community (R/C)** was the most commonly reported strength. One respondent stated, "we are very interconnected with the community," and another reported, "we're a small community." The second most reported strength was **Training/education (T/E)** of staff. The staff respondent at one FRC which served a large Hispanic population shared that, "having someone who is bilingual as far as the ESL students go" was particularly useful in her educational background in order to work in that FRC's child development program. Additionally, other individual strengths were reported which included **Relationship to Participants (R/P), Participant Commitment (P/C)**, and **Location (L)**.

Respondents reported a number of barriers related to achievement of this legislative goal. The three most commonly reported barriers were **Participant Commitment (P/C), Space (S),** and **Programs/Services (P/S).** One staff respondent explained that it was difficult to achieve this goal with individual children, due to lack of continuous **parental support (P/C)**. "The population changes weekly, because the same kids are never there every week." With regard to programs and services, one respondent addressed the need for more programming related to Hispanic children in their community. Another respondent specified that policies related to programs/services, namely the "Family Privacy Act," inhibited sharing information across agencies, which acted as a barrier towards achievement of this goal. Finally, **limited staffing (L/S), transportation (T), and funding (F)** also were cited as barriers in descending order by staff respondents.

Funding (F) and **flexible funding (F/F)** were the most commonly reported themes that respondents believed could help to better achieve the goal to "ensure a successful

transition from early childhood education programs and childcare to the public schools." A number of respondents also mentioned the development of **programs/services (P/S)** which could address this goal. One respondent mentioned developing "better [programs] for Hispanics," while another respondent suggested developing programs that "target the [early childhood] population more." A unique theme offered by one respondent for achieving this goal was to develop, "one umbrella [confidentiality] form for all services." This respondent also suggested that having a "general meeting for all service providers and invite everyone" in the fall would be one way to facilitate positive change on behalf of family participants. **Training and education of staff (T/E)** was a third theme offered by a few respondents, particularly in the area of serving Hispanic families. Having "bilingual support" on staff, and having staff able to "translate educational materials into Spanish" were mentioned as staff educational needs. Finally, having **transportation (T)** available for participants was mentioned by one respondent.

Legislative Goal 3
Respondents named a variety of services that helped their FRCs achieve the third legislative goal for NC's FRC program: **"Assist families in achieving economic independence and self-sufficiency."** The primary services included adult education courses: GED programs, high school diploma programs, and English as a Second Language adult education. Office, work skills, and computer skills programs also were highlighted, specifically a computer lab, office skills training, a Work First work site, and a "Ready to Rent" program. Finally, support services, including child care for ESL adult education participants, a teen mother support group, a male focus support group comprised of fathers, case management, and respite were mentioned as services that contributed to achieving this goal. On average, respondents rated their FRCs 3.8 on a 5.0 scale towards achieving this goal (n=11).

Relationships and themes about "commitment" were cited as the most common strengths among respondents. The majority of respondents cited **relationship with the community (R/C)** as the greatest strength contributing to this goal. Staff members' **relationships with participants (R/P)** also were reported as strengths. One respondent said the, "friendliness of our staff…the people feel more comfortable when they come into the center…and we have an open system where they [clients] can tell us if a program is working or not." In a related manner, **participants' commitment (P/C)** to the services, in particular, completing adult education programs, and **staff commitment to the participants' (S/C)** success also were strengths reported. In addition, a few respondents mentioned specific **programs/services (P/S)** as a strength contributing to the goal of economic independence and self-sufficiency, and one respondent identified the **location (L)** of these services as a strength.

Barriers affecting achievement of economic independence and self-sufficiency revolved around a poor local economy and a lack of resources to support families. The majority of respondents cited high **unemployment (U)**, the lack of **funding (F)** and **flexible funding (F/F)** for programs and resources, and the lack of specific **programs and services (P/S)** to support families. One respondent stated, "there is not enough for people in so far as jobs and educational opportunities. The system, in general is not a system that helps

people rise above." Another respondent said that there is "a lack of resources to refer people to for their basic needs, for electricity, rent, etc. That has been my biggest frustration over the years…sometimes you have to help them before they can learn about independence and self-sufficiency." A third respondent cited the lack of services to address other needs, such as depression and substance abuse, so that families could move towards self-sufficiency. **Transportation (T),** particularly in rural communities and the lack of **participant commitment (P/C)** were cited as barriers by some of the respondents. One respondent discussed the need for "breaking the ideology of that "I can't do it" and "I need someone to help me." Finally, individual respondents also reported **location (L)** of the services, **space (S)** available for services, and **public awareness (P/A)** of the available services as problems.

Respondents identified several themes that they believed could help their FRCs to better support families in achieving economic independence and self-sufficiency. A number of respondents discussed improvements in the economy to address the issue of **unemployment (U).** One respondent said, "a boosting economy would do it," while another respondent stated, "opening up a company [in the area]" would most assist families by providing jobs. Respondents also repeated the theme of increased **funding (F)** and **flexible funding (F/F)** "to help with emergency situations." Building **relationships with the community (R/C)** to provide certain services was identified by some respondents. A respondent reported, "I don't think we use our community colleges fully…industry and community colleges need to become part of the community to develop self-sufficiency and create a partnership with the community." Similarly, another respondent said that they needed to, "identify partners in the community for sustainable programs" related to this goal. Some respondents suggested the creation of more **programs and services (P/S)**, such as **transportation (T)** and child care, to support families in achieving this goal. One respondent elaborated that "if we had the ability to reduce some of the barriers to better training and education, which would mean child care when they need it, transportation when they need it," she believed families could better reach this goal. Lastly, individual respondents identified a better **location (L)**, greater **public awareness (P/A)** of their available services, and increased **participant commitment (P/C)** as factors to better achieve the goal of economic independence and self-sufficiency.

Legislative Goal 4
Staff respondents rated their FRCs an average of 4.5 on a 5.0 scale (n=11) in how well they believed they achieved the fourth legislative goal for NC's FRC Program: "**Mobilize public and private community resources to help children and families in need**." Staff described linkages with agencies and businesses on specific programs, including collaborating with local departments of social services for parent education/support groups, foster and kinship parents' workshops and foster family recruitment; domestic violence agencies for support groups and supervised child visitation; schools for after-school, mentoring, and teen support programs; realtors for a housing program; churches for provision of emergency funds and concrete services; businesses such as Sara Lee and Perdue chicken for a food pantry; a local Council on Aging; a Health Department, and WIC. Some staff also mentioned having a volunteer

coordinator, and having FRC staff members serve on various community boards and having collaborating agency staff members serve on their FRC boards as key towards achieving this legislative goal.

The overwhelming strength voiced by staff respondents was their **relationship with the community (R/C)**. One respondent stated, "we call ourselves the 411," and another respondent said, "the resource center is the hub, and everyone works together." A third respondent reported, "our knowledge of the county and our knowledge of available services—our working relationship with other agencies [contributes to this goal]." One respondent explained that maintaining relationships with community resources also was necessary. She said that FRC staff focused on "maintaining those relationships so that people can still come and do that work. That has a lot to do with having those relationships already in place—massage and nurture those relationships." Other "person-related" themes also were mentioned, including **staff commitment (S/C)** and **participant commitment (P/C). Location (L)** and concrete **programs/services (P/S)** also were mentioned. As one respondent illustrated, "we have become a central turn-around place for tangible things that families need…I'll use the flat tire example. [Imagine] a family with each of them working two jobs with two kids--a flat tire will set them completely off course."

Interestingly, specific issues related to **relationships with the community (R/C)** also were cited as barriers. One respondent said, "we need a more intentional focus from industry and schools to see a partnership." Another respondent cited "turfism," and a third respondent explained that the lack of common "consent forms [for shared clients] is important with cross-collaboration." **Limited staff (L/S)**, limited **programs/services (P/S)** within the community and limited **funding (F)** were commonly reported barriers. In addition, some staff reported that the lack of **transportation (T)** and the lack of **public awareness (P/A)** of available services also were barriers.

To address these barriers, staff respondents cited improving **relationships with the community (R/C)** related to specific areas as the most common theme. "Have one committee within the community that does nothing but collaboration—that is in the works right now," was reported by one respondent. Another respondent cited developing a common consent form that could be used across agencies, while a third respondent stated the need for "mobilizing churches in our zone." **Limited staff (L/S)** also was a common theme, and an individual respondent mentioned increasing **funding (F).** Finally, one respondent discussed the need for a specific **program/service (P/S)**. "If we, at some point, could have a set parenting class, then you might be able to attain participants via the court system, like a DSS mandate and a court-mandate that a parent attends a curriculum for the length of the curriculum because she has been substantiated on abuse of kids."

Goal of Prevention of Child Abuse and Neglect
Another key goal of the Children's Bureau—Child Abuse Prevention Program (CB-CAP) (which helps fund the statewide FRC program) is to "**prevent child abuse and neglect**." On average, staff respondents rated their FRCs a 4.0 out of 5.0 (n=11). Services that

contributed to achievement of this goal included FRC parent education/support programs, including young mother/baby groups; after-school and summer youth programs; a domestic violence support group; supervised child visitation; a Healthy Marriages program; respite services; crisis intervention services; job skills and adult education programs; and referrals/reports to DSS.

Once again, staff respondents stated that their **relationships with the community (R/C)** primarily facilitated achievement of this goal. "Being a part of those child/family meetings [with DSS]" was cited by one respondent. In a related manner, **relationships with participants (R/P)** and **staff commitment (S/C)** to participants also were reported as common strengths. As one staff member said, "child abuse is something that we [FRC staff] all feel very strongly about. It's a whole lot of our drive, our own personal feelings and experience. Working with a lot of families, it's important not to judge—that's not what we're here for. We're here to assist and help in any way." **Training/education (T/E)** of staff also was reported by a number of respondents, including **funding (F)** to hire a parent education coordinator. One respondent explained, "our training is ongoing. We try to get to as many workshops as possible. We have also gotten onto the DSS training calendar to gain more experience in how to work with this new initiative…Our staff has been trained almost every five weeks." Another respondent stated, "I also think that it is a strength that we have social work staff and nursing staff." Provision of specific **programs/services (P/S)** was reported by a number of respondents. "We bring in social services [DSS] to do child abuse and neglect classes." Another respondent said, "I'd go back to the parenting curriculum—I definitely think that is a strength."

A number of barriers were reported by respondents, many which seemed to be specific to individual FRCs. Lack of **participant commitment (P/C)** was one of the few commonly reported barriers. One respondent stated, "a lot of times parents don't attend parenting classes unless they're mandated." Similarly, another respondent discussed the problem of **program stigma (P/ST).** She said, "the overall perception is that parents who attend parenting classes are bad parents, and that perception is a hindrance." Another respondent referred to **awareness of programs (P/A)** as a problem. "I think we're not able to reach a lot of people sometimes. I think there are a lot more people that we could reach." Specific **programs/services (P/S)** addressing child abuse and neglect prevention, **training/education (T/E)** of staff (i.e., Spanish-speaking), the **location of services (L)**, **transportation (T)** for participants, and **funding (F)** were mentioned by individual respondents. One respondent also stated that "not having a strong relationship with DSS" (**relationship with the community-R/C**) was a barrier they experienced in trying to achieve the goal of child abuse and neglect prevention.

The most common factors mentioned by staff respondents included increasing **funding (F)** for services, and hiring additional **staff (L/S).** A number of respondents cited the need for more **training and education (T/E)** for staff. One respondent mentioned the need for "community-based training" related to child abuse and neglect prevention, while another respondent mentioned training in some of the new evidence-based program models. Also reported by a couple of respondents was the need for a better relationship with the local DSS (**relationship with the community-R/C**) and increasing **public**

awareness (P/A) within the community of available services. Finally, one respondent said that specific **programs/services (P/S)** could help in her community. She said, "with us moving towards the introduction of an evidence-based model for parenting, we can address some of those issues brought up by our county. There are not enough services working for the older child."

Relationship between local Departments of Social Services (DSS) and Family Resource Centers (FRC)
The State Division of Social Services also was interested in *the **relationship between local DSS and FRCs*** as perceived by FRC staff, as well as the nature of the relationship. Ten staff respondents rated the relationship an average of 3.95 on a 5.0 scale. Respondents listed a number of activities and specific relationships that created a strong relationship between their FRC and the local DSS. Specific activities and services included provision of parenting classes to DSS families, supervised child visitation for DSS families; and joint workshops for FRC and DSS staff (e.g., "attachment disorder). The majority of respondents also said that having DSS staff members serve on their FRC Board of Directors contributed to a strong relationship between the two entities. FRC staff serving on community child protection teams also was cited by a few respondents as a factor contributing to a positive relationship between the local DSS and FRC.

The strength cited by all respondents was the relationship between FRC staff and DSS staff (**relationship with the community-RC**), particularly referring to serving on each others' boards of directors and community boards. Respondents also reported different aspects of their relationships as strengths. One respondent said "I think us having DSS staff and professionals on our board, and also our staff actively engaging with DSS and the programs they offer, and in working with the clients that we serve; teaching the clients that we serve to more effectively access the programs offered by the DSS." Another respondent cited "communication—we're in this together. A lot of times DSS has a bad rap. They're kind of labeled as the bad guys—we don't carry that persona of them. A third respondent stated, "we have had a pretty good track record with DSS, and the longevity of our relationship" are strengths. One respondent also highlighted the **training/education (T/E)** of DSS staff in her community. "The C.P. [child protection] folks on the ground are good."

Different emphases of the FRC and DSS (**relationship with the community-R/C**) were reported as a common barrier by a few respondents. "Sometimes we disagree on the way each other have chosen to work with a family but we try to keep it professional," said one respondent. A second respondent stated, "sometimes not everyone views your relationship as you're on the same team…sometimes I get the impression from DSS workers that you are perceived as the enemy just like the [participants]." The lack of **training/education (T/E)** was also considered a barrier by some respondents. In one case, a respondent voiced the concern that if they didn't receive training on child abuse prevention, they could not adequately respond to a greater focus of the NC FRC program on child abuse and neglect prevention. "If they [state DSS] don't have the training that we need for us to deal with these initiatives," she was concerned that they couldn't adequately address this goal. Another respondent cited problems with training/education

of DSS staff, simply stating, "our MRS coordinator is horrible." Limited **programs/services (P/S)** for parent and teen parent education also was voiced by a few respondents, and **lack of funding (F)** and **limited staff (L/S)** were mentioned individually as barriers.

Many of the staff respondents said that strengthening the relationships between DSS staff and FRC staff (**relationship with the community-RC**) would enhance the relationship between the DSS and the FRC, although they differed as to how to strengthen the relationship. For example, one respondent said, "one of the things that have not been done is the Child Abuse Prevention Team, in so far as sitting down and collaborating." Another respondent said if her community could "come to a consensus about the length of parenting classes between DSS, the court mandates, the parents, and the Family Resource Center" it would improve the relationship, while a third respondent mentioned having a "meeting with stakeholders…the new deputy DSS director is going to encourage DSS directors and staff to come to one regular [community] meeting." A fourth respondent stated, "I think it would be beneficial for [FRC] staff to go to the DSS **training (T/E)**. When I say staff, I don't just mean social workers, I mean all of the staff to attend all the basic training so that they're aware." Finally, increasing **funding (F)** and increasing **public awareness (P/A)** were cited by individual respondents. A respondent elaborated, "we will be going across the county to increase our visibility and have more of a presence on site at the agency [DSS]. We will be receiving direct referrals [from DSS] as well."

Collateral Agency Staff Member
As a part of this study, FRCs that received site visits were asked to select one staff member from an agency that collaborates with the FRC for an interview. FRC staff members were asked to select someone who could best describe their collaborative relationship and joint services. A total of 12 interviews were conducted during the ten site visits. Further, for FRCs that were not included in the site visits, collaborating agency staff members who worked with those FRCs were invited to participate in online surveys. However, no online surveys were completed by collaborating staff members.

The following information pertains to data collected during the onsite interviews. Staff members selected for these interviews represented a wide range of positions and agencies, including a child protective services (CPS) investigator/assessor; an Adult Basic Education (ABE)/Compulsory Education (CED)/GED coordinator from a local college; a clinical psychologist in private practice; a respite worker with a local agency; a county WIC director; a health department social worker; an NC Cooperative Extension program assistant; an Americorps volunteer; a HeadStart director; a director of the local domestic violence agency; an after school coordinator with the local school system; and a mentoring program director affiliated with a local college.

Collaborating agency staff reported working with their local FRCs, on average, 6.1 years (n=11), with a range of 4 months to 12 years. A number of the respondents said that they had worked with their respective FRCs since their inception. Services that the respondents reported collaborating with their local FRCs included provision of **FRC**

parenting programs for their clients; **GED programs provided by the FRCs for the collaborating agency clients** (and a GED instructor in one case); and **FRC after-school programs**. Other services reported by individual respondents included a **FRC support group for victims of domestic violence**; **supervised child visitation at the FRC**; **Hispanic-oriented FRC programs**; **a male focus group provided by an FRC**; **provision of concrete services from the FRC to collaborating agency clients**; and **referrals to the FRC and from the FRC**. In addition, a number of the respondents said that they served as board members for their respective FRCs.

Like the FRC staff members, collaborating agency staff were asked to determine which FRC goals they collaborated on through their joint services with their local FRC. Because of the nature of the relationships between the collaborating agency and the FRC, respondents did not address all of the goals. However, perceptions of collaborating agency staff regarding which goals were addressed through their collaboration, how well they perceived the goals were achieved, the strengths and barriers affecting those goals, and any factors that could improve performance on those goals were recorded.

Legislative Goal 1
The majority of collateral agency staff (n=8) reported that their collaborations with their respective FRCs impacted the first legislative goal to: "**enhance the children's development and ability to attain academic success**." Seven respondents rated FRCs an average of 4.0 on a 5.0 scale in achieving this goal. After-school/tutoring programs were mentioned most often as the services which contributed to this goal. In addition, a summer reading program for children and youth, case management, and an ESL adult education course that facilitated Hispanic parents' ability to assist their children academically were reported.

FRC staff-related factors were the leading themes reported by collateral agency staff. **Training and education (T/E)** of FRC staff was the most common strength reported by respondents which they believed helped to achieve the goal of enhanced child development and increased academic success. One respondent stated, "[The FRC has] highly trained staff and teachers that work with the families' and children's' needs to assess what they need in terms of child development." Respondents also cited the **commitment of participants (P/C)** as a major factor contributing to this goal. "Number one is the parents because the parents want to see their kids succeed." Some of the respondents discussed the FRC staff members' **relationship with the community (R/C)** in terms of their relationships with the collaborating agency, and relationships with other community agencies as a strength. "The staff here is very familiar with the other regional services and what those services can provide…The staff keeps up on what services are available and refers people there," reported one respondent. FRC **staff commitment (S/C)** and **relationships between FRC staff and participants (R/P)** also were referenced as well as the co-**location (L)** of an FRC after-school program on the site of a public school. Finally, one respondent said that the **program/services (P/S)** offered by her community's FRC was a strength.

Tangible resources were the major themes identified as problems. **Transportation (T)** for participants was most often cited as a barrier by respondents. One collateral agency staff member said, "the county has no public means of transportation." She also said that **unemployment (U)** in her county was a barrier. A couple of respondents reported that lack of **funding (F)** was an issue. One respondent said, "at the present time, and being in our position for only two years, we have not totally accumulated some of the resources I think are needed to operate a totally effective tutorial program." Similarly, one respondent reported **limited FRC staff (L/S)** and volunteers as an issue. "If they're [FRC staff] busy that day, they might not have enough volunteers to do what they would like to do." A poor **location (L)** for services and lack of **public awareness (P/A)** of the services available were reported by individual respondents.

Funding (F) was reported as the most common factor that could help the FRC better achieve the goal of enhanced child development and increased academic success. As one respondent said, "Funding—there needs to be more. When you're running an FRC off of limited funding, and while, yes, you are collaborating, it takes someone to do those collaborations there, and it takes money to fund these programs. I believe the FRC has had funding cuts just about every year." Another respondent echoed with similar comments. "Funding. They need to be able to have a bucket of money they can use for families. They do have some money, but it is not nearly enough to deal with the great need in this county for assistance." Getting community input and further developing **relationships with the community (R/C)** also was a commonly reported factor. One respondent identified a specific group. She said, "reach out to the Hispanic population because some of the migrant workers are very young and they don't attend school…I think it would be very beneficial to target them." Ideas for increasing **transportation (T)** were mentioned by a few respondents. One suggested, "if the center had a van…to pick up the families and children." Another respondent offered, "maybe some money to provide the transportation, or a way to pay people to provide transportation." Finally, gaining a greater **commitment from participants (P/C)** and developing a specific **program/service (P/S)** were mentioned by individual respondents. "Having day-care services on-site would help, and thus get more students and affect more families."

Legislative Goal 2
Only two collaborating agency staff members reported that they perceived their collaborations with their respective FRCs impacted the second legislative goal to: "**ensure a successful transition from early childhood education programs and childcare to the public schools**."   The two respondents rated the FRCs an average of 4.5 on a 5.0 scale, and both cited early childhood education programs as the services which contributed to this goal. One of the respondents cited the co-**location (L)** of the program with the public school as a strength, while the other respondent cited provision of the specific **programs/services (P/S)** as a strength. **Funding (F)** was reported as a barrier as well as a factor needed to improve upon this goal. One respondent explained, "limited funding, and what I mean by that is, is that it takes dollars to pay those teachers to do tutoring services plus a full-time job of teaching."

Legislative Goal 3

17

Most of the collaborating agency respondents reported that their collaborations with their respective FRCs impacted the third legislative goal to: **"assist families in achieving economic independence and self-sufficiency."** A total of eight respondents rated the FRCs an average of 4.3 on a 5.0 scale regarding achievement of this goal. Office skills training programs, computer skills training programs, a parenting education/life skills training program, a literacy program, a GED program, and the provision of concrete services such as a provision of a business suit or emergency food were cited as services which contributed to this goal.

Themes related to relationships and the dedication of FRC staff members were most often cited as strengths that related to the goal of economic independence and self-sufficiency. Most of the respondents reported the **relationship of the FRC staff to their participants (R/P)** as the greatest strength. One respondent said, "they look at each person individually, and they have classes to address each of their needs…they really help the person. They don't just give them a job listing and tell them to get it." Respondents also highlighted the **commitment of FRC staff to their participants (S/C).** "I think it's because of [director], and the people that work for [the director] genuinely care about the people in this community. They really go above and beyond what they're supposed to do to help people." The **programs/services (P/S)** provided and the **commitment of participants (P/C)** themselves to this goal were indicated by a few of the respondents. As one respondent stated, "[having] willing participants constantly enrolled in the GED class. You have to have that initiative to come in and get that help."

Funding (F) and **limited staff (L/S)** were the most commonly reported barriers towards achieving this goal. As one respondent stated, "funding—there are so many people doing double duty. A lot of people are getting stretched to the limit. If you could hire more people and have more of a team approach, the services could be better, and they could reach more participants." Another respondent reported that **public awareness (P/A)** of the program was a barrier, while limited **transportation (T)** was reported as a barrier by another respondent. She said, "I would say transportation again, because if they don't have a ride to get here, they're not going to come." Similarly, most of the respondents said that **funding (F)** was the factor that could contribute most to achievement of this goal. One respondent noted the **staff commitment (S/C)** of an FRC staff member and the need for more people like him, and free **transportation (T)** for participants was offered as solution by another respondent.

Legislative Goal 4
Most of the respondents (n=9) said that their collaborations with their respective FRCs impacted the fourth goal to: **"Mobilize public and private community resources to help children and families in need."** This was a bit surprising in that all of the collaborating agency staff were involved in joint services with the FRC. Hence, it would be reasonable to expect that all of them would have responded to this goal. It is possible that some of the respondents did not understand the goal, and thus, did not respond. Even so, a total of eight respondents reported an average score of 4.1 on a scale of 5.0 towards achievement of this goal. Respondents cited all of their collaborative services with FRCs including referrals to and from FRCs, parenting education/support programs, child

development and after-school programs, adult education programs, and concrete services. A number of respondents also mentioned memberships on community agency boards of directors as a key relationship contributing to this goal.

Relationships and dedication of FRC staff again were most often highlighted as strengths that contributed toward achieving this goal. A number of respondents identified FRC staff members' **relationships with the community (R/C)** as a key strength. "We are in a partnership with a lot of different agencies. The flexibility of public and private agencies in working with the needs of the families, and always being available," was reported by one respondent. Similarly, **staff commitment (S/C)** to the FRC participants was another reported strength. One respondent explained, "I think it's probably been [FRC] leadership. I think it's the number of people involved with families' lives." Another respondent noted, "the director is very willing to get out in the public and seek assistance for families to use the resources that we have." The availability of **flexible funds (F/F)** through the FRC was mentioned by one respondent, and a GED **program/service (P/S)** that was free to participants was mentioned by another respondent. Lastly, the **commitment of participants (P/C)** was mentioned as a strength that contributed toward achievement of this goal.

Transportation (T) for participants and additional **funding (F)** for FRC services were the most frequently reported barriers discussed by respondents. Furthermore, one respondent mentioned **limited staff (L/S)** as a barrier. This respondent also explained that she believed that how **programs/services (P/S)** are regulated was a problem. She said, "we have our regulations and the FRC has their guidelines, and while you have to look at the guidelines, sure, but some of the things are common sense. Like, the family needs this, but we can't provide that and you have someone with a book of rules saying that you can't do that. The structural institutional guidelines [can] prevent us from helping people meet basic primary needs." One respondent discussed the lack of **training and education (T/E)** for FRC staff to address this goal, and recent changes to the FRC program. "It proves to be difficult for a lot of people [with the state FRC grants] moving to logic models and those kinds of things for agencies that were more grassroots-types of agencies."

Respondents varied in their perceptions of the factors that could contribute to improvements in this goal. A few respondents mentioned providing **transportation (T)** to participants, providing **funding (F)** for additional services and hiring **additional staff (L/S)** as potential solutions. One respondent suggested allowing for "pilot" **programs/services (P/S)** to better achieve this goal. She said, "I think this year, the FRC will be more on evidence-based and outcome approaches. But if there isn't a mold for this FRC to fit into, then there needs to be room to have pilot programs that have been proven to work and it may not be in the mold that they're [the state] is used to, and there needs to be room for that." Finally, one respondent said that due to the "newness" of the director, many people within the community were not aware of the services available from the FRC, and that increasing **public awareness (P/A)** over time would alleviate this issue.

Goal of Prevention of Child Abuse and Neglect
Only six of the 12 collaborating agency staff respondents perceived that their collaborative activities with their respective FRCs impacted the goal to: **prevent child abuse and neglect.**" They rated the FRCs an average of 4.4 on a 5.0 scale regarding achievement of this goal. Reported collaborative services that contributed to this goal included parent education/support programs, an after-school tutoring/mentoring program, supervised child visitation, respite services, and referrals.

Programs/services (P/S) was referred to as a common strength by half of the respondents. One respondent said, "They [FRC] are providing parental instruction for the parents. They are providing support groups for the grandparents; they are providing tutorial help for the grandparents. Anytime they are helping, they are preventing child abuse and neglect. The respite care gives grandparents a break which helps prevent child abuse and neglect." Another respondent provided similar comments. "Not only will they [the FRC] offer particular classes on how to do good parenting, but they're also addressing other factors that tend to increase the probability of abuse and neglect taking place. They provide support for the parent. Emotional support, helping them sort out some of the financial issues…they have more of a holistic, comprehensive approach to preventing child abuse and neglect." A few of the respondents cited **relationship with the community (R/C)** as a factor that contributed towards the goal of preventing child abuse and neglect. As one respondent noted, "exposing children to positive interaction within the community is a method of preventing child abuse and neglect**." Training and education (T/E)** of the FRC staff, and the **relationship of FRC staff to participants (R/P)** were mentioned by individual respondents. "It's a calm easy atmosphere…it's a better atmosphere than someone standing up to you and preaching at you…the personal feel that the staff has with the parents is phenomenal. They do a great job of making the parents feel at ease. They never take the holier-than-thou approach."

A few respondents referred to the lack of **funding (F)** and in one case, **flexible funds (F/F)** as a barrier that negatively impacted achieving this goal. "Emergency funding to meet the needs of the family now versus three or four weeks down the road," was reported by one respondent. Another respondent said that participants needed to be more **committed to participation (P/C)** to achieve this goal. Finally, **participant stigma (P/ST)** was cited as a barrier by a respondent. "I think maybe fear may hinder it. Fear, in the sense that the grandparents may not access our services as often or as much as they need, because of the child abuse/neglect stigma. Because I need help, am I a child abuser?"

Continuing and enhancing the **relationship of the FRC with other groups within the community (R/C)** was regarded as a primary factor that could help achieve the goal of preventing child abuse and neglect. One respondent said, "I think the [FRC] staff being able to go into churches and talk to youth groups. I think that would be great—allowed to step into more public gatherings." Increasing **funding (F)**, increasing **flexible funding (F/F),** and **increasing the number of staff (L/S)** were suggested by a few respondents as factors that also could support this goal. Greater **participant commitment (P/C)** and increasing **public awareness (P/A)** of available services also were mentioned.

Relationship between DSS and FRC
Eight of the collaborating agency staff knew of the relationship between the local DSS and the FRC, and they rated the relationship an average of 4.25 on a 5.0 scale (n=8). Board membership, parenting education/support services, respite services, and referrals contributed to the relationships between the DSS and the FRC. The **relationship with community (R/C)**, in this case, the continuing linkages between the local DSS and FRC were reported as the greatest strength by the majority of the respondents. One respondent said, 'we have a good staff that is excellent at collaborating with the DSS and [the FRC director] provides good leadership…They [FRC and DSS] always work with a family to get the best results." Another respondent reported, "there is a solid relationship. We have a really good DSS here. They are well thought of by a lot of people here." Communication was noted as a strength in the relationship as well. "Open communication between the DSS and the FRC…so it's not like you have these two separate entities that never talk or collaborate with one another," said one respondent. Another respondent said, "I personally feel there is a relationship between the two agencies that is open-ended. It appears to me that they [the FRC] have an information flow to the agency [DSS] because the information that I am privileged to, tells me that the two agencies have an open line of communication and materials. Deadlines are met. Staff, in both groups, seems to be knowledgeable **(training/education-T/E)** and they realize the importance of having open lines of communication." **Staff commitment (S/C)** also was cited by one respondent as a strength.

Respondents reported few barriers that they were aware of that impinged on the relationship between the local DSS and the FRC. Only one respondent referenced the lack of **funding (F)** as a barrier. Similarly, respondents had very few ideas regarding factors that could improve the relationship. One respondent suggested a new **program/service (P/S)** that she believed could enhance the relationship and meet community needs. She said, "I think one thing, and it's not just for the DSS, but it could be for all, is to do some type of program for fathers…I know there are a lot of families that DSS works with, their main goal is to keep the family together. If you're going to keep them all together, then you need to give them all the tools to make it a success."

Family Member Participant
A family member participant also was selected at each FRC to participate in an interview. FRC staff members were asked to select someone who had participated in one or more of their FRC services, and who would be interested in sharing their experiences. The participants also reported on how well they perceived the services worked for them; the strengths, barriers and improvements they perceived related to these services; and if they believed that any of the goals for the FRC program pertained to these services. A total of 14 family members participated in interviews. Family respondents had been involved in FRC services for a range of 5 months to 5 years, with an average of 2.82 years (n=9). All of the respondents participated in at least one service provided by the FRC, and a few respondents had participated in a total of four FRC services over time.

Service #1
All 14 family respondents participated in at least one service provided by the FRC. They rated the service an average of 4.6 on a 5.0 scale (n=14). Respondents participation in FRC services included parent education support programs; after-school programs; adult education programs; child development programs; a grandparent raising grandchildren support group; and a senior citizens support group. The specific **programs/services (P/S)** and components of the programs were the most commonly reported strength among family respondents contributing to the service that they participated in. Discussing a child development program, one respondent said, "He [her grandchild] began to learn how to use a pencil properly. When I tried to do things like that with him at home, he would tire of it quicker…Within that group, he saw the other kids doing it and he enjoyed it more and he really began to progress in that…the social skills thing really helped him blossom." Another family respondent mentioned the quality of the tutors and the length of time an after-school FRC program operated. "The tutors that are helping him with his school work are real good. The hours…my son gets out of school at 2:30 pm, and from 2:30-6:00 pm, he is there." **Relationship of staff to participants (R/P)** also was discussed as a major strength. Discussing strengths of the program, one respondent said, "the staff here. They are wonderful. They are very helpful…" **Training and education of staff members (T/E)** and staff members' knowledge and **relationship with the community (R/C)** also were common themes reported as strengths. Individual respondents also mentioned the **staff members' commitment (S/C), location (L)** of FRC services, and the **community's awareness of FRC services (P/A)** as strengths. A few respondents noted the **commitment of participants (P/C)** as a strength.

Concerns about continued **funding (F)** and **limited staff (L/S)** to provide FRC services were the most common barriers cited by respondents. A few respondents mentioned the lack of the **community's awareness of FRC services (P/A)** as an issue. Discussing a teen parenting program, one respondent said, "maybe it wasn't broadcast enough." Lack of **commitment among participants (P/C)** was mentioned by a few respondents. Finally, the lack of **transportation (T),** inadequate **space (S)** for services, and **participant stigma (P/ST)** were reported by individual respondents. "A lot of teens think that if you're going to a parenting class, then you must have done wrong. I've noticed a lot of teenagers who just had babies and stuff and need somebody, but are [afraid of the stigma] of a parenting class...it sounds kind of bad."

Continued **funding (F)** and changes to existing **programs/services (P/S)** were the most common factors that respondents said could improve the services they participated in. One respondent whose child participated in an after-school program said, "I'd add a day. They only run Monday through Thursday. I'd add Friday." Providing **transportation (T)** for participants, increasing **staff (L/S),** and increasing **space (S)** for FRC services were mentioned by a few respondents. In addition, having a greater **commitment from parent participants (P/C)** and increasing the **public's awareness (P/A)** of available services were highlighted. "I think maybe if more people had been aware of it, we were a relatively small group, and that's one of the problems…so I think that better advertisement of the programs available for folks."

The four legislative goals, and the goal to prevent child abuse and neglect also were reviewed with family member respondents. They then were asked which goals they perceived applied to the primary FRC service that they received. Respondents perceived that their services impacted all four legislative goals and the prevention of child abuse and neglect goal. Eleven of the respondents believed that the FRC service they participated in related to the third goal: "**assist families in achieving economic independence and self-sufficiency**." Ten respondents perceived that the FRC service related to the first goal to, "**enhance the children's development and ability to attain academic success**," and the fourth goal to, "**mobilize public and private community resources to help children and families in need**." Lastly, six of the respondents believed that the second goal to, "**ensure a successful transition from early childhood education programs and child-care to the public schools**," and the goal to, "**prevent child abuse and neglect**" were addressed by the FRC service that they received.

Service #2
A total of 11 family respondents participated in a second service provided by the FRC. They rated the service an average of 4.8 on a 5.0 scale (n=11). The FRC services used by respondents included mother/child reading programs; after-school programs; child development programs; a summer youth program; a job skills/computer skills program; a grandparent raising grandchildren support group; concrete services; and referrals.

Again, the specific FRC **program/service (P/S)** received was considered the primary strength among respondents. One respondent talked about the child development/literacy program that she and her children participated in. "It's something for the kids to do after-school…for my six year old, it helps him a lot. For my four year old, even for my baby, he loves to be read to. They do some puppets sometimes to get them interested in reading. My children love to read those books at night, and this program got them interested in that." Another respondent discussed her participation in a grandparents' raising grandchildren support group, "being able to talk to other people in my same situation, not feeling so isolated in that…The [group] really addresses the loss of private space and why this is happening…the emotional support is fabulous." A number of respondents discussed the **commitment of staff (S/C)** to participants as a strength as well as their **training and education (T/E)**. "Not only did they refer us to other agencies, but they help sit me down and really get an idea of what is going on with me. They talk to me and identify what I need," said one respondent. Similarly, the **relationship of staff to participants (R/P)** was noted by a couple of respondents as were **participants' commitment (P/C)** to their own goals. Finally, one respondent said that the staff members' **relationship with community (R/C)** agencies was a major strength.

Continued **funding (F)** was a theme repeated by a number of respondents as a concern, while individual respondents noted a number of barriers specific to their FRC service. Related to funding, individual respondents noted **limited staff (L/S)**, lack of **space (S)**, and limited **programming (P/S)**. One respondent said, "maybe being open one more day…they're usually open Monday through Thursday." The lack of **transportation (T)** for participants and concerns about limited expertise among program volunteers (e.g., **training/education-T/E)** were noted by individual respondents. Lack of participation

among some of the kids in a summer youth program (**commitment of participants-P/C**) also was cited as a barrier by a respondent.

Funding (F) for more books for after-school programs and more **space (S)** were noted by a few respondents as factors that could improve the FRC service that they participated in. A better **location (L)** of the program and greater **public awareness** of the FRC service **(P/A)** were mentioned by individual respondents. Further, respondents perceived that the FRC services that they participated in related to all four legislative goals, and the goal to prevent child abuse and neglect. Seven respondents believed that the individual FRC they participated in related to three goals: **"to enhance the children's development and ability to attain academic success;" "to assist families in achieving economic independence and self-sufficiency;"** and **"to mobilize public and private community resources to help children and families in need**." Six respondents believed that the particular FRC service that they participated in addressed the second goal to: "**ensure a successful transition from early childhood education programs and childcare to the public schools**." Finally, four respondents said that they perceived that their particular FRC service addressed the goal to "**prevent child abuse and neglect**."

Service #3
A total of 6 family participants participated in a third service provided by the FRC. They rated the service an average of 4.2 on a 5.0 scale (n=6). The FRC services utilized included a parent/child swim program; a nutrition course, a scout program; a volunteer tax program; and concrete services. The most commonly cited strengths again were the specific **programs/services (P/S)** provided and the **relationship of the staff (R/P) to participants**. "Recipes and the communication between the staff and the clients to let them know that the food is here. They will do everything they can to help you out," said one respondent. Another respondent stated, "the staff is very personable with their clients and getting them resources." Free services (**F**) for participants, **transportation (T)** to the services, and the **location (L)** were mentioned by individual respondents. "…they offer me transportation, because I can't afford the insurance to drive," was cited by one respondent. Another respondent noted, "it's [the FRC service] in such a nice location. Not a lot of crime, not a lot of people." The **commitment of staff to participants (S/C)** and the **training and education of staff (T/E)** also were highlighted by individual respondents as strengths that contributed to the success of the FRC service that they participated in.

Funding (F) again was the chief barrier identified by a few respondents. One respondent said, "cutting the program and not having it here would be devastating to a lot of people here." Individual respondents noted **few staff (L/S),** lack of a permanent **location (L)** and **space (S)** as problems. With a parent/child swim program, a respondent said, "finding a space is always an issue. Motels have been very generous. We were using motel pools—they prefer that it's not the high season, so it's more spring or fall, where it can be kind of chilly." Another respondent noted **participant commitment (P/C)** as an issue. "We just don't have enough bodies. Unfortunately, a lot of the kids that really could benefit from [FRC service] are ones with a single parent or don't have their parental support [to participate]."

Respondents noted a variety of individual factors that they perceived could help their respective FRC service to improve. Continued **funding (F),** finding a permanent **space (S)** and **location (L)**, and increasing **staffing (L/S)** for the FRC service were noted by individual respondents. One respondent responded, "Maybe if I wanted more help, there's only one teacher or assistant for the GED and ESL students…more focus on one on one." Respondents believed that all four legislative goals and the goal to prevent child abuse and neglect were related to the particular FRC service that they participated in. When evaluating the FRC services and the FRC goals, a total of five respondents perceived that their particular FRC service supported the third goal to "**assist families in achieving economic independence and self-sufficiency**," and the goal to "**prevent child abuse and neglect**." Two respondents responded that that the goals to "**enhance the children's development and ability to attain academic success**;" "**ensure a successful transition from early childhood education programs and child-care to the public schools**;" and "**mobilize public and private community resources to help children and families in need**" were addressed in their opinion by the specific FRC service that they participated in.

Service #4
Only two of the family participants participated in a fourth service offered by the FRC. They rated the service an average of 4.5 on a 5.0 scale (n=2). The respondents participated in computer skills training and crisis intervention assistance/concrete services. Staff-related factors were reported as strengths that contributed to this FRC service. **Training and education (T/E)** of the staff, supportive relationships between the **staff and participants (R/P),** and **commitment of staff (S/C)** to participants were outlined as strengths. One respondent said, "the fact that they're willing to help. I can always call upstairs and they're willing to show me how to do something." Lack of **funding (F)** was the only barrier reported. "I would give it between a 3 and 4, because their resources are limited," noted a respondent. The same respondent noted that this barrier could be eliminated through the creation of a new **program/service (P/S).** She said, "more resources for the center. In [another community], they have what is called a Commodity Store…it's an excellent store. To this community, it would be an excellent resource. [The Commodity's Store] is a grocery, they have diapers, medicine, a small amount of clothing for about a third of what you would pay at a grocery store. A lot of it is donations, and they also have a free food program." The participants perceived that the legislative goals to "**assist families in achieving economic independence and self-sufficiency**," and to "**mobilize public and private community resources to help children and families in need**," were addressed through the FRC services that they participated in.

Summary

Many similarities arose among responses from the FRC staff members and staff members from collaborating agencies related to the various goals. Major themes related to FRC staff variables emerged as strengths that were believed to contribute to the first legislative

goal to: **Enhance children's development and ability to attain academic success.** These themes included:

- **Staff Commitment (S/C);**
- **Relationship of Staff to Participants (R/P);**
- **Training and Education of Staff (T/E); and**
- **Staff Members' Relationship with the Community (R/C).**

Staff members from collaborating agencies also highlighted staff and participant-related variables as strengths. Primary themes reported in order by these respondents included:

- **Training and Education of Staff (T/E);**
- **Participants' Commitment (P/C);**
- **Staff Members' Relationship with the Community (R/C);**
- **Staff Commitment (S/C); and**
- **Staff Members' Relationship with Participants (R/P).**

Similarly, both FRC and collaborating agency staff members delineated "concrete" tangible resources as recurring barriers related to the first goal. FRC staff identified problems with the **location** for FRC services (**L**); limited or unstable funding for FRC services (**F**); lack of **transportation** for clients (**T**); lack of a specific **program/service (P/S);** limited **space (S)**; and **limited staff (L/S)** as common themes.

Likewise, collaborating agency staff members identified problems with **transportation** for clients (**T**); high **unemployment (U)**; limited or unstable **funding (F)**; **limited staff (L/S)**; and the **location (L)** for FRC services as common issues. Further, expanded and stable **funding (F)** and increasing **transportation (T)** for clients were reported by both FRC and collaborating staff members as two of the top three factors that could help the FRC to achieve the goal of enhancing children's development and ability to attain academic success.

Person-related themes again were evident among staff respondents who highlighted four factors related to staff or participants that they perceived supported the second legislative goal to: **Ensure a successful transition from early childhood education programs and childcare to public schools.** These themes included:

- **Relationship of staff members' with the community (R/C);**
- **Training and education of staff (T/E);**
- **Relationships of staff with participants (R/P); and**
- **Participants' level of commitment (P/C)**

In contrast, collaborating agency staff mentioned the **location (L)** of FRC services and the specific **program/service (P/S)** offered as strengths, although only one respondent identified strengths.

Limited or unstable **funding (F)** was provided as common barrier for FRC and collaborating staff respondents. **Funding (F)** also was the common factor identified that both groups believed could help support the goal of **ensuring a successful transition from early childhood education programs and childcare to public schools**. FRC staff elaborated in more depth regarding barriers and they identified other tangible barriers including **space (S)** for services, **limited staff (L/S)**, and limited **transportation (T)** for clients. Finally, **flexible funding (F/F)** and **transportation (T)** were factors that staff respondents perceived could help achieve this goal.

Not surprisingly, person-related variables were again evident in responses from both FRC and collaborating agency staff respondents related to the following:

- **Legislative Goal 3:** **Assist families in achieving economic independence and self-sufficiency.**
- **Legislative Goal 4:** **Mobilize public and private community resources to help children and families in need;**
- **Children's' Bureau Child Abuse Prevention (CB-CAP) Program Goal:** **Prevent child abuse and neglect:**
- **Relationship Question:** **Determine relationship between local DSS and local FRC.**

Positive **relationship of staff with the community (R/C)** was reported as a strength by FRC staff related to all four of the above goals and question, while collaborating agency staff reported this as a strength for the fourth goal, the CB-CAP goal, and the relationship question. Strong **relationships of staff with participants (R/P)** were reported by FRC and collaborating staff as a strength relating to the third legislative and the CB-CAP goals respectively. Strong p**articipant commitment (P/C)** was a strength perceived by both FRC and collaborating agency staff that relates to the third and fourth legislative goals. FRC staff reported that strong **staff commitment (S/C)** was a strength that they perceived related to the third, fourth, and CB-CAP goals. Similarly, collaborating agency staff believed that this strength related to the third and fourth goals as well as to the relationship between the local DSS and FRC. Lastly, specialized **training/education (T/E)** of FRC staff was reported by both FRC and collaborating agency staff as a strength that related to the goal of preventing child abuse and neglect and to having a strong relationship with DSS. Shared opportunities for training related to child abuse and neglect between DSS and FRC staff were mentioned by a number of respondents.

Concrete, tangible barriers again were commonly reported by both FRC and collaborating staff members as relating to the above goals and question. Insufficient or unstable **funding (F)** was reported as a barrier by FRC and collaborating staff that negatively affected all three goals as well as the relationship between the local DSS and the FRC. The lack of **transportation (T)** was cited by both FRC and collaborating staff as a common barrier that negatively impacted the third, fourth, and CB-CAP goals. **Limited staff (L/S),** high **unemployment (U)** in the community**,** poor **location (L)** for FRC

services, and limited **space (S)** appeared to be negatively related to some goals, but were not mentioned as consistently as funding and transportation.

Providing continued, stable **funding (F)** was the most often-cited factor that could alleviate barriers related to all of the goals as well as help foster a stronger relationship between the DSS and the FRC according to FRC staff respondents. Collaborating agency staff cited **funding (F)** as a common theme that could positively impact the third and fourth legislative goals as well as the relationship between the DSS and the FRC. Providing **transportation (T)** and increasing FRC **staff (L/S)** were factors reported by both FRC and collaborating staff as factors that could support the goals and the relationship between DSS and FRC, although they were not mentioned as often as funding.

Family participant interviews were structured differently from the FRC staff and collaborating agency staff interviews. Instead of focusing on how well the goals of the FRC were being accomplished, family respondents were asked about the strengths, barriers, and factors that could lead to improvements in FRC services that they personally had received. Interestingly, patterns similar to the themes discussed by FRC staff and collaborating staff members emerged. For example, person-related variables were the common strengths across services. Whether family respondents participated in one FRC service, two FRC services, three or four FRC services, the following themes were reported across services:

- **Relationship of FRC staff to participants (R/P);**
- **Staff commitment (S/C); and**
- **Training and education of FRC staff (T/E)**

Relationships of FRC staff **with the community (R/C)** and **participant commitment (P/C)** were perceived to be strengths among family respondents who received one or two FRC services. However, unlike FRC staff and collaborating staff interviews, family respondents who received up to three FRC services reported that the actual **program/service (P/S)** offered, or specific characteristics of that program were the greatest strength.

Concrete and tangible themes that corresponded directly to the barriers indicated by FRC staff and collaborating staff were apparent. Inadequate or unstable **funding (F)** was the greatest barrier perceived by family respondents, whether they received one, two, three or four FRC services. Problems with **limited staff (L/S)** and **inadequate space (S)** for FRC services were cited as barriers by family respondents who received one, two or three FRC services, and lack of **transportation (T)** for clients was a barrier identified by family respondents who received one or two FRC services.

Themes similar to those reported from FRC staff and collaborating staff surfaced among family respondents regarding potential improvements. These themes again were tangible and concrete. For example, providing adequate or stable **funding (F)** was reported among family respondents who received, one, two, or three FRC services. Increasing the

number of staff (L/S) (reported by respondents receiving one or three FRC services), providing adequate **space (S)** (reported by respondents receiving one or two FRC services), and providing an adequate **location (L)** for FRC services (reported by respondents receiving two or three FRC services) were highlighted as tangible solutions that could alleviate barriers.

Conclusion/Recommendations

The following qualitative study highlighted the experiences and perceptions of selected FRC staff members, collaborating agency staff members, and family members. The purpose of this study was to explore the "phenomenon" known as family resource centers from the perspectives of those most closely linked with FRCs: FRC staff, staff from other community agencies who collaborate with FRCs, and family members who participate in FRC services. The study was designed to highlight common and unique themes among these different groups of respondents with regard to the following goals and questions: 1) **Enhance the children's development and ability to attain academic success**; 2) **Ensure a successful transition from early childhood education programs and childcare to the public schools**; 3) **Assist families in achieving economic independence and self-sufficiency**; and 4) **Mobilize public and private community resources to help children and families in need**. In addition, the goal to **prevent child abuse and neglect**, and questions regarding the **relationship between the local FRC and the local Department of Social Services (DSS)** also were addressed.

As a result, a major limitation of this study and of qualitative studies in general is that the information is not representative of all FRCs in North Carolina, nor of all people affiliated with FRCs. For instance, the FRCs selected for the on-site interviews were not selected randomly. Further, FRC staff members, staff members from other agencies, and family respondents selected for on-site interviews at the targeted FRCs was not selected randomly. Thus, these findings cannot be generalized to the FRCs visited, nor to all FRCs in North Carolina. The findings do provide a more in-depth "picture" of the "nature" of FRCs, and they illuminate areas for further study.

For example, from those interviewed, intangible factors such as the relationships that FRC staff members have with their community and other community resources, and the relationships staff members establish with families themselves were indicated as strengths. The existing skills, knowledge and experience of FRC staff members, which can be seen in their training and education, also were often indicated by all respondents as strengths. Further, many of those interviewed also noted the importance of the participants' motivation and commitment to improving as strengths needed for success. All of these types of factors appear to relate to a strengths' focus, grassroots-based, community-oriented nature and history for FRCs in North Carolina.

In addition, tangible factors such as increasing funding for FRC services and for staff, increasing options for transportation for participants, improving the space or location for FRCs also seem "on-target," given the rural location of the majority of the FRCs in North Carolina and the lack of many resources within communities that are served by FRCs. In

fact, locating FRCs in rural communities had been an early focus of FRC funding efforts in the 1990s.

However, concerns about funding appeared to go beyond desires to simply increase spending on FRC services. At the time the site visits were being conducted, FRCs received the Request for Funding Announcement (RFA) from the state DSS for the 2007-2008 fiscal year. Several respondents mentioned changes in the announcements that focused on adopting new goals, using promising practices or evidence-based practice models for certain FRC services, and eliminating funding for some types of FRC services. Some of the concerns the respondents expressed appeared to relate to issues with funding. A few of these comments are provided to illustrate these issues. One respondent said, "in order to be funded this fiscal year, you have to show that you have models that are evidence-based and are being implemented in your programs. A lot of the other FRCs have schools that they are linked to. We are community-based and are not co-located with any school. We are based on economic development and self-sufficiency and what we had, and who was funding us, were geared for at the time. Now, we have to implement ways to prevent child abuse and they have told us that if we don't implement these additional goals, we won't be funded. New funders—now it is a whole new way of implementing different programs." Another respondent talked about changes that her FRC would need to undertake to address the new RFA and remain funded. "We might have to revisit our Mission Statement because our Mission Statement is loaded on self-sufficiency and that is one of the things that the RFA asks is, "what is your mission?" and if I have nothing in there about preventing child abuse or neglect…We need to have Board approval to change the Mission Statement to stay alive and keep our doors open." Finally, another respondent talked about wanting assistance in adopting a new model for specific FRC services under the new RFA. She said, "I would like to have a good model that is evidence-based that would help the resource center meet the initiative of preventing child abuse and neglect, and I would like to input that into the services that we provide."

Again, these comments are not representative of all of those interviewed. Further, the theme of funding as an issue is not representative of all of these FRCs visited, or of FRCs in North Carolina. However, this information is instructive, and it indicates an area that warrants further study. Since the data gathered during this study was not representative, it might be worthwhile to conduct a survey of all FRCs to find out if they have specific concerns related to changes in the new RFA and if there are specific areas that they would like assistance in implementing those changes in the coming fiscal year. At the same time, FRCs also could be surveyed regarding some of the other themes that emerged from this study. In sum, according to all respondents surveyed, the FRCs have provided valuable and needed services to their communities, and the services delivered have been considered very good. Finally, the respondents perceived that all of the legislative goals of NC's FRC program, the goal of preventing child abuse and neglect, and questions about relationships between local DSS and FRCs have been well addressed by their respective FRCs.

References

Berg, B.L. (2007). *Qualitative research methods for the social sciences.* Sixth edition.

Boston, MA: Allyn & Bacon.

Appendix A

North Carolina Community Based Programs
Qualitative Study Structured Interview Guide
2006-2007 Fiscal Year
Appalachian State University Institute for Health and Human Services

Line Staff/Supervisor/Administrator Guide

CONFIDENTIAL
Revised 1/07

Interviewer Instructions:

1) Make logistical arrangements with each program, including time, private office space, and any special accommodations needed by participants.

2) Include name of participant, position held, contact information, and date and location of the interview.

3) Provide a copy of the scale, the four legislative & key goals sheet to each participant.

4) Have a copy of the IRB approval letter.

5) Provide 1 copy of the "Consent to Participate" to the participant, and keep a signed copy.

6) Make sure the IRB approval letter is reviewed and the consent forms signed prior to the interview.

7) Have the copy of the interview guide to be used, and extra copies for impromptu interviews. Also take extra sheets of paper for interview notes.

8) Take short notes during the field interview. Attach extra note pages to the interview guide if completed.

9) It is important to build relationships with participants, but maintain professional boundaries, and do not share information across interviews of other participants.

10) Ask open-ended questions whenever possible. Use follow-up questions with prompt such as "how," "can you help me understand," and "please tell me more" to get expanded responses if needed.

11) Review 2005-2006 Annual Report information about the FRC that this family member participant receives services from in order to be focused during the structured interview, and to demonstrate interest in the participant's particular setting.

Interviewer Name:_____

Interview is with: Name_____Date:_____ Time:_____

Position:_____

Name of Family Support Program/Family Resource Center:_____

Address:_____

Phone Number(s):_____

Review the IRB and Consent to Participate forms, and provide copies of each to the participant:

IRB Reviewed: yes___   no___ (interviewer check)

Consent reviewed and signed with copy provided to participant: yes___   no___ (interviewer check)

[THANK THE PARTICIPANT IN ADVANCE OF THE INTERVIEW FOR HIS/HER PARTICIPATION.]

1a) First, what is your role with this program/center?

1b) How long have you been affiliated with this program/center?

1c) Please list for me all the services that you can think of that _____ Family Resource Center offers?

2a) We are interested in learning how well you think this program/center is achieving the four legislative goals and other key goals for the state-wide Family Support/Family Resource Center Program.

[HAND PARTICIPANT LAMINATED SCALE SHEET]

We'd like to ask about each goal separately. The first goal is to: **"Enhance the children's development and ability to attain academic success."** On a scale of "1-5," with 5=excellent, 4=very good, 3=good, 2=fair, and 1=poor, How well do you think this program/center is achieving this goal?

2b) Are there particular activities/services that are provided or facilitated by the program that contribute or partially contribute to achieving this goal--If so, what are they?

2c) What are the strengths or factors that you think contribute to the achievement of this goal?

2d) What are the barriers or problems that you think hurt or hinder the achievement of this goal?

2e) Are there any factors that you think could help the program to better achieve this goal?

3a) The second goal is to**: "Ensure a successful transition from early childhood education programs and childcare to the public schools."** Using the same scale of "1-5," with 5=excellent, 4=very good, 3=good, 2=fair, and 1=poor, how well do you think this program/center is achieving this goal?

3b) Are there particular activities/services that are provided or facilitated by the program that contribute or partially contribute to achieving this goal--If so, what are they?

3c) What are the strengths or factors that you think contribute to the achievement of this goal?

3d) What are the barriers or problems that you think hurt or hinder the achievement of this goal?

3e) Are there any factors that you think could help the program to better achieve this goal?

4a) The third goal is to: **"Assist families in achieving economic independence and self-sufficiency."** Using the same scale of "1-5," with 5=excellent, 4=very good, 3=good, 2=fair, and 1=poor, how well do you think this program/center is achieving this goal?

4b) Are there particular activities/services that are provided or facilitated by the program that contribute or partially contribute to achieving this goal—If so, what are they?

4c) What are the strengths or factors that you think contribute to the achievement of this goal?

4d) What are the barriers or problems that you think hurt or hinder the achievement of this goal?

4e) Are there any factors that you think could help the program to better achieve this goal?

5a) The fourth goal is to: **"Mobilize public and private community resources to help children and families in need."** Using the same scale of "1-5," with 5=excellent, 4=very good, 3=good, 2=fair, and 1=poor, How well do you think this program/center is achieving this goal?

5b) Are there particular activities/services that are provided or facilitated by the program that contribute or partially contribute to achieving this goal—If so, what are they?

5c) What are the strengths or factors that you think contribute to the achievement of this goal?

5d) What are the barriers or problems that you think hurt or hinder the achievement of this goal?

5e) Are there any factors that you think could help the program to better achieve this goal?

6a) Another key goal of the Children's Bureau—Child Abuse Prevention Program (CB-CAPP) (which helps fund this statewide program) is to **"prevent child abuse and neglect."** Using the same scale of "1-5," with 5=excellent, 4=very good, 3=good, 2=fair, and 1=poor, How well do you think this program/center is achieving this goal?

6b) Are there particular activities/services that are provided or facilitated by the program that contribute or partially contribute to achieving this goal—If so, what are they?

6c) What are the strengths or factors that you think contribute to the achievement of this goal?

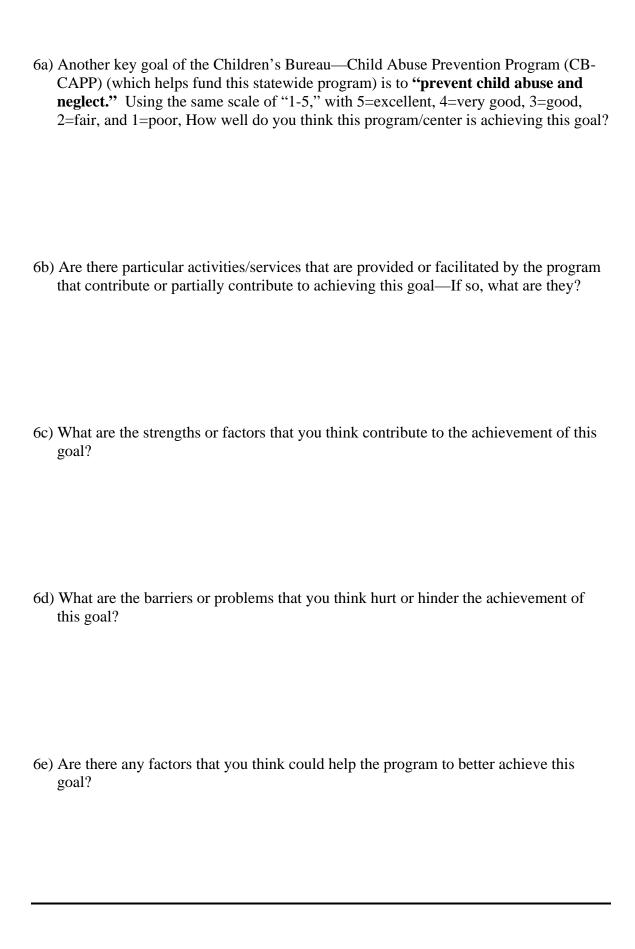6d) What are the barriers or problems that you think hurt or hinder the achievement of this goal?

6e) Are there any factors that you think could help the program to better achieve this goal?

7a) In trying to achieve all of the previous goals, the state Division of Social Services is interested in **the relationship between local Departments of Social Services and Family Support Programs/Family Resource Centers**. On a scale of "1-5," with 5=excellent, 4=very good, 3=good, 2=fair, and 1=poor, How would you describe the relationship between your program/center and the local DSS?

7b) What are the strengths or factors that you think contribute or partially contribute to a strong relationship between your program/center and the local DSS?

7c) Are there particular activities/services that are provided or facilitated by the program that contribute to a strong relationship?—If so, what are they?

7d) What are the barriers or problems that you think hurt or hinder the relationship between your program/center and the local DSS?

7e) Are there any factors that you think could help the program/center build a stronger relationship with the local DSS?

8) Finally, are there any other areas related to these goals or this relationship that you would like to highlight before we end our interview?

Thank you for your time and insight! If it's ok, we may contact you to follow up if needed for clarifications.
____ yes [contact number _____]
____ no

North Carolina Community Based Programs
Qualitative Study Structured Interview Guide
2006-2007 Fiscal Year
Appalachian State University Institute for Health and Human Services

Collateral Agency Staff Member Guide

CONFIDENTIAL
Revised 1/07

Interviewer Instructions:

1) Make logistical arrangements with each program, including time, private office space, and any special accommodations needed by participants.

2) Include name of participant, position held, contact information, and date and location of the interview.

3) Provide a copy of the scale, the four legislative & key goals sheet to each participant.

4) Have a copy of the IRB approval letter.

5) Provide 1 copy of the "Consent to Participate" to the participant, and keep a signed copy.

6) Make sure the IRB approval letter is reviewed and the consent forms signed prior to the interview.

7) Have the copy of the interview guide to be used, and extra copies for impromptu interviews. Also take extra sheets of paper for interview notes.

8) Take short notes during the field interview. Attach extra note pages to the interview guide if completed.

9) It is important to build relationships with participants, but maintain professional boundaries, and do not share information across interviews of other participants.

10) Ask open-ended questions whenever possible. Use follow-up questions with prompt such as "how," "can you help me understand," and "please tell me more" to get expanded responses if needed.

11) Review 2005-2006 Annual Report information about the FRC that this family member participant receives services from in order to be focused during the structured interview, and to demonstrate interest in the participant's particular setting.

Interviewer Name:_____

Interview is with: Name_____Date:_____ Time:_____

Position:_____ Agency Work For:_____

Name of Family Support Program/Family Resource Center affiliated
with:_____

Address:_____

Phone Number(s):_____

Review the IRB and Consent to Participate forms, and provide copies of each to the
participant:

IRB Reviewed: yes___   no___ (interviewer check)

Consent reviewed and signed with copy provided to participant: yes___   no___
(interviewer check)

[THANK THE PARTICIPANT IN ADVANCE OF THE INTERVIEW FOR HIS/HER
PARTICIPATION.]

1a) How long have you worked with this program/center?

1b) What is your relationship with this program/center?

1c) What particular activities provided by the center do you or have you or your agency
    collaborate on?

2) We are interested in learning how well you think this program/center is achieving the four legislative goals and other key goals/areas of the state-wide Family Support/Family Resource Center Program

[HAND PARTICIPANT LAMINATED SCALE SHEET]

a) The first goal is to: **"Enhance the children's development and ability to attain academic success."**

b) The second goal is to: **"Ensure a successful transition from early childhood education programs and childcare to the public schools."**

c) The third goal is to: "**Assist families in achieving economic independence and self-sufficiency."**

d) The fourth goal is to: **"Mobilize public and private community resources to help children and families in need."**

e) Another key goal of the Children's Bureau—Child Abuse Prevention Program (CB-CAPP) (which helps fund this statewide program) is to **"prevent child abuse and neglect."**

3a) Given these 5 goals, which of these goals are or were addressed by the activities or services that you or your agency collaborates with the center on?

Goal #1__   Goal#2___   Goal#3___   Goal#4___   Goal#5___

3b) With Goal # ____, using a scale of 1-5, where 1=poor, 2=fair, 3=good, 4=very good, and 5=excellent, how well do you think that this program/center achieved this goal?

3c) What are the strengths or factors that you think contribute to the achievement of this goal?

3d) What are the barriers or problems that you think hurt or hinder the achievement of this goal?

3e) Are there any factors that you think could help the program/center to better achieve this goal?

4b) With Goal # ____, please use the same 1-5 scale where 1=poor & 5=excellent. Based on this scale, how well do you think that this program/center achieved this goal?

4c) What are the strengths or factors that you think contribute to the achievement of this goal?

4d) What are the barriers or problems that you think hurt or hinder the achievement of this goal?

4e) Are there any factors that you think could help the program/center to better achieve this goal?

5b) With Goal # _____, and using the same scale where 1=poor, and 5=excellent, how well do you think that this program/center achieved this goal?

5c) What are the strengths or factors that you think contribute to the achievement of this goal?

5d) What are the barriers or problems that you think hurt or hinder the achievement of this goal?

5e) Are there any factors that you think could help the program/center to better achieve this goal?

6b) With Goal # _____, and using the same 1-5 scale, with 1=poor and 5=excellent, how well do you think that this program/center achieved this goal?

6c) What are the strengths or factors that you think contribute to the achievement of this goal?

6d) What are the barriers or problems that you think hurt or hinder the achievement of this goal?

6e) Are there any factors that you think could help the program/center to better achieve this goal?

7b) With Goal # _____, using the 1-5 scale, how well do you think that this
program/center achieved this goal?

7c) What are the strengths or factors that you think contribute to the achievement of this
goal?

7d) What are the barriers or problems that you think hurt or hinder the achievement of
this goal?

7e) Are there any factors that you think could help the program/center to better achieve
this goal?

8a) In trying to achieve all of the previous goals, the state Division of Social Services is interested in the relationship between local Departments of Social Services and Family Support Programs/Family Resource Centers. Are you aware of the relationship between this program/center and DSS?

_____ no **[IF NO, PROCEED TO Q. #9]**
_____ yes **[IF YES, PROCEED BELOW]**

8b) Using the same scale of 1-5, how would you describe the relationship between this program/center and the local DSS?

8b) What are the strengths or factors that you think contribute to a strong relationship between this program/center and the local DSS?

8c) Are there particular activities/services that are provided or facilitated by a program/center that contribute to a strong relationship?—If so, what are they?

8d) What are the barriers or problems that you think hurt or hinder the relationship between this program/center and the local DSS?

8e) Are there any factors that you think could help this program/center build a stronger relationship with the local DSS?

9) Finally, are there any other areas related to these goals or this relationship that you would like to highlight before we end our interview?

Thank you for your time and insight! If it's ok, we may contact you to follow up if needed for clarifications.
_____ yes [contact number _____]
_____ no

North Carolina Community Based Programs
Qualitative Study Structured Interview Guide
2006-2007 Fiscal Year
Appalachian State University Institute for Health and Human Services

Family Member Participant Guide

CONFIDENTIAL
Revised 1/07

Interviewer Instructions:

1) Make logistical arrangements with each program, including time, private office space, and any special accommodations needed by participants.

2) Include name of participant, position held, contact information, and date and location of the interview.

3) Provide a copy of the scale, the four legislative & key goals sheet to each participant.

4) Have a copy of the IRB approval letter.

5) Provide 1 copy of the "Consent to Participate" to the participant, and keep a signed copy.

6) Make sure the IRB approval letter is reviewed and the consent forms signed prior to the interview.

7) Have the copy of the interview guide to be used, and extra copies for impromptu interviews. Also take extra sheets of paper for interview notes.

8) Take short notes during the field interview. Attach extra note pages to the interview guide if completed.

9) It is important to build relationships with participants, but maintain professional boundaries, and do not share information across interviews of other participants.

10) Ask open-ended questions whenever possible. Use follow-up questions with prompt such as "how," "can you help me understand," and "please tell me more" to get expanded responses if needed.

11) Review 2005-2006 Annual Report information about the FRC that this family member participant receives services from in order to be focused during the structured interview, and to demonstrate interest in the participant's particular setting.

Interviewer Name:_____

Interview is with: Name_____Date:_____ Time:_____

Position:_____

Name of Family Support Program/Family Resource Center:_____

Address:_____

Phone Number(s):_____

Review the IRB and Consent to Participate forms, and provide copies of each to the participant:

IRB Reviewed: yes___   no___ (interviewer check)

Consent reviewed and signed with copy provided to participant: yes___   no___ (interviewer check)

[THANK THE PARTICIPANT IN ADVANCE OF THE INTERVIEW FOR HIS/HER PARTICIPATION.]

1) To help orient me, could you tell me about your relationship with this program/center?   How long have you been affiliated with this program/center?

What specific Family Resource Center services or programs have you been involved with?

Service/Program 1:

Service/Program 2:

Service/Program 3:

Of these services or activities that you and your family have participated in or are participating in, how well would you say each Service/Program worked? We'll go through each Service/Program separately, so you can talk about each one.

Service/Program 1

[HAND PARTICIPANT LAMINATED SCALE SHEET]

2a) Overall, how well would you say *(Service/Program 1)* worked or is working?

2b) If you had to attach a number to it, with 5 being "excellent," 4="very good," 3="good," 2="fair," and 1="poor," what number would you attach to this service/Program?
Service/Program 1:

2c) What are the strengths or things that you think "make" this service/Program work well?
Service/Program 1:

2d) What are the problems or things that you think "hurt" this service/Program?
Service/Program 1:

2e) Is there anything that could improve this service/Program?
Service/Program 1:

The state DSS is interested in learning how well you think this program/center is achieving several goals of the state-wide Family Support/Family Resource Center Program **(point out the list of goals to the participant on the laminated scale sheet)**.

a) The first goal is to: **"Enhance the children's development and ability to attain academic success."**

b) The second goal is to: **"Ensure a successful transition from early childhood education programs and childcare to the public schools."**

c) The third goal is to: "**Assist families in achieving economic independence and self-sufficiency."**

d) The fourth goal is to: **"Mobilize public and private community resources to help children and families in need."**

e) Another key goal of the Children's' Bureau—Child Abuse Prevention Program (CB-CAPP) (which helps fund this statewide program) is to **"prevent child abuse and neglect."**

3a) Given these 5 goals, which of these goals would you say is addressed by this *(Service/Program 1)*?

Goal #1__   Goal#2___   Goal#3___   Goal#4___   Goal#5___

3b) Using the same 1-5 scale, with 5=excellent, 4=very good, 3=good, 2=fair, and 1=poor, how well do you think the service/Program meets the goal or goals?

Service/Program 2

4a) Overall, how well would you say *(Service/Program 2)* worked or is working?
Service/Program 2:

4b) If you had to attach a number to it, with 5 being "excellent," 4="very good," 3="good," 2="fair," and 1="poor," what number would you attach to this Service/Program?
Service/Program 2:

4c) What are the strengths or things that you think "make" this Service/Program work well?
Service/Program 2:

4d) What are the problems or things that you think "hurt" this Service/Program?
Service/Program 2:

4e) Is there anything that could improve this Service/Program?
Service/Program 2:

5a) Looking at this list of goals again **(point out the list of goals to the participant)**, which of these goals would you say is addressed by this *(Service/Program 2)*?

Goal #1___   Goal#2___   Goal#3___   Goal#4___   Goal#5___

5b) Using the same 1-5 scale, with 5=excellent, 4=very good, 3=good, 2=fair, and 1=poor, how well do you think the Service/Program meets the goal or goals?

Service/Program 3

6a) Overall, how well would you say *(Service/Program 3)* worked or is working?
Service/Program 3:

6b) If you had to attach a number to it, with 5 being "excellent," 4="very good,"
3="good," 2="fair," and 1="poor," what number would you attach to this
Service/Program?
Service/Program 3:

6c) What are the strengths or things that you think "make" this Service/Program work
well?
Service/Program 3:

6d) What are the problems or things that you think "hurt" this Service/Program?
Service/Program 3:

6e) Is there anything that could improve this Service/Program?
Service/Program 3:

7a) Looking at this list of goals again (**point out the list of goals to the participant**), which of these goals would you say is addressed by this (*Service/Program 3*)?

Goal #1__   Goal#2___   Goal#3___   Goal#4___   Goal#5___

7b) Using the same 1-5 scale, with 5=excellent, 4=very good, 3=good, 2=fair, and 1=poor, how well do you think the Service/Program meets the goal or goals?

8) Finally, we've covered a lot of ground with this interview. Are there any areas that we did not cover that you would like to address before we end the interview?

Thank you for your time and insight! If it's ok, we may contact you to follow up if needed for clarifications.
____ yes [contact number _____]
____ no